

4788

25

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_

Registrar's No. 18

1. Place of Death: (a) County Apache (b) City or Town Saint John (c) Location Street  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community Life 32 yrs; In Arizona Life 32 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Apache (c) City or Town Saint John  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_  
3. (a) FULL NAME Marion Walter Wilhelm (b) If veteran \_\_\_\_\_ (c) Social Security No. 527-12-0008  
(If NONE write the word)

4. Sex Male 5. Color or Race Caucasian 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband Alva Virginia Brown 6. (c) Age of husband 23 yrs.  
7. Birthdate of deceased Oct. 28 1909  
(Month) (Day) (Year)  
8. AGE: Years 32 Months 7 Days \_\_\_\_\_ If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Saint John, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Truck driver  
11. Industry or Business \_\_\_\_\_  
Father { 12. Name Lemira George Wilhelm  
13. Birthplace unknown Utah  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Maemo Gibbons  
15. Birthplace Utah  
(City, town or county) (State or Country)

16. (a) Informant's own signature Ray Wilhelm  
(b) Address Saint John, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Saint John (c) Date March 2 1942  
18. (a) Embalmer's Signature C. J. Pasco  
(b) Funeral Director \_\_\_\_\_  
(c) Address Springerville, Arizona

19. (a) 3/14/42 (Date received local Registrar)  
(b) Mrs. Loua Gibbons (Registrar's Signature)

5M 100% Reg 7/11/40

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 28 1942  
TIME (Hour and minute) 6 P P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

\_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident(b) Date of occurrence Feb. 28, 1942(c) Where did injury occur? Saint John, Apache, Arizona  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place, street  
(Specify type of place) (Bu. gas truck)While at work? yes (e) Means of injury Explosion23. Signature W. J. Proctor M. D.  
Address Saint John, Arizona Date signed March 2, 1942

## DURATION

## PHYSICIAN

Underline the cause to which death should be charged statistically.